

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-30-03.

I. DISPUTE

Whether there should be reimbursement for 99204.

II. FINDINGS

The respondent denied reimbursement based upon "N – Not Documented."

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
12-10-02	99204	\$106.00	\$0.00	N	\$106.00	Evaluation & Management GR (I)(A), (IV)(C)(1)	Office visit note does not meet required criteria in CPT code descriptor; therefore, no reimbursement is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code (99204).

The above Findings and Decision is hereby issued this 18th day of February 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division